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ARIZONA STATE BOARD OF HEALTH State File No	
I I I DICE OF BIRTS	ITAL STATISTICS FIFICATE OF BIRTH Registered No.
County Ell	
11	or Village
City Man Mak as	
(If birth occurred in a hospital or institution, give its NAME instead of street and number) 2. Full name of child Curranted And And I instead of street and number)	
supplemental report, as directed.	
To be answered ONLY 4. Twin, triplet or other in event of plural births. 5. No., in order of birth	7. Date 11 1927
8. FATHER	14. MOZHER
Full name//lancel Gripalya	Full maiden name Chileria Saares
9. Residence (Usual place of many falls)	15 Residence (Usual place of abode to the Muna
If non-resident, give place and state Win fully	If non-resident, give place and state.
10. Color or race	16 Color or race
11. Age at last birthday 2 4 (Years)	My cours 17. Age at last birthday (Years)
M H	
(State or country) And a Russ	18. Birthplace (city or plate) Comorcial (State or country)
13. Occupation Forbor	100
Nature of industry	19. Occupation South Reserved
	The state of the s
20. Number of children of this mother (a) Born alive ar	ad now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive by certified and including this child.) (c) Stillborn	at now dead that nia heonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was (Born alive of the late above stated	
When there was no attending physician or midwife, then the father, householder, etc. should make this return. Signature Signature Signature	
etc., should make this return. A stillborn child is one that neither. breathes nor shows other evidence of life siter birth.	
Given name added from	(Physician or Midwife).
Month, day, year	
Paristers Filed 17 19 10 10 10 10 10 10 10 10 10 10 10 10 10	
	Registrar